

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: Amino Acid Hydroxyethylamino Sulfonamide
Retroviral Protease Inhibitors

Attorney Docket Number:: 101765.00006 (2862/9)

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Daniel
Middle Name:: P.
Family Name:: Getman
Name Suffix::
City of Residence:: Chesterfield
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 66 Sunny Hill Court
City of mailing address:: Chesterfield
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Middle Name:: A.
Family Name:: DeCrescenzo
Name Suffix::
City of Residence:: St. Peters
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 536 Schrader Farm Dr.
City of mailing address:: St. Peters

State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63376

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: N.
Family Name:: Freskos
Name Suffix::
City of Residence:: Clayton
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 7572 York
City of mailing address:: Clayton
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63105

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: L.
Family Name:: Vazquez
Name Suffix::
City of Residence:: Ballwin
State or Province of Residence:: MO
Country of Residence:: US

Street of mailing address:: 614 Castle Meadows Ct.
City of mailing address:: Ballwin
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63021

Applicant Authority Type Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: A.
Family Name:: Sikorski
Name Suffix::

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State or Province of Residence:: MO
Country of Residence:: US
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City of mailing address:: Des Peres
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63131

Applicant Authority Type Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Balekudru
Middle Name::
Family Name:: Devadas
Name Suffix::
City of Residence:: Chesterfield

State or Province of Residence:: MO
Country of Residence:: US
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City of mailing address:: Chesterfield
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63017

Applicant Authority Type Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Srinivasan
Middle Name::
Family Name:: Nagarajan
Name Suffix::
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State or Province of Residence:: MO
Country of Residence:: US
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City of mailing address:: Chesterfield
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63005

Applicant Authority Type Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: L.
Family Name:: Brown

Name Suffix::
City of Residence:: Chesterfield
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 15504 Twingate
City of mailing address:: Chesterfield
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63017

Applicant Authority Type Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joseph
Middle Name:: J.
Family Name:: McDonald
Name Suffix::
City of Residence:: Ballwin
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 1036 Johanna Dr.
City of mailing address:: Ballwin
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63021

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/200,589 Allowed	07/23/02
10/200,589	Continuation of	09/836,443 USP 6,458,785	04/18/01
09/836,443	Continuation of	09/451,920 USP 6,310,080	12/01/99
09/451,920	Continuation of	09/080,928 USP 6,140,505	05/19/98
09/080,928	CIP	08/474,052 USP 5,756,533	6/7/95
08/474,052	CIP	08/402,287 Abandoned	3/10/95
08/402,287	CIP	08/391,873 Abandoned	2/22/95

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

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